MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-041637 STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3906 Registrar's No. 684

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0109
2 0109
3
4 0
5 0
6
7 0
8 1
9 7545
10
11
12 2-0
13 3-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED | ITEM NO. | INSTEAD OF | SHOULD READ | BY AFFIDAVIT OF | DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED DEC 10 1962

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia
Length of stay in 1b 56 da
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION U of Mo Medical Center
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Boone
c. CITY OR TOWN Columbia
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2514 Brookside Cts
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Kevin Middle Scott Last Thomas

4. DATE OF DEATH Month 12 Day 4 Year 1962

5. SEX M

6. COLOR OR RACE W

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 9-26-62

9. AGE (last birthday)
IF UNDER 1 YEAR Months 2 Days 8
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Columbia Mo

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Wayne Thomas

13b. MOTHER'S MAIDEN NAME Marine Shouse

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Address University of Mo. Medical Records

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Aspiration and Aphyxia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Congenital heart disease, Microcephaly,
DUE TO (c) Choanal Atresia (bilateral)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10/9/62 to 12/4/62 and last saw her/him alive on 12/4/62
Death occurred at 3:20 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert Joel Harris MD

22b. ADDRESS University Hospital Columbia, Mo

22c. DATE SIGNED 12/4/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 12-5-1962

23c. NAME OF CEMETERY OR CREMATORY Memorial Park

23d. LOCATION (City, town, or county) (State) Columbia, Mo

24. FUNERAL DIRECTOR ADDRESS Lyman Sprinkle Columbia Mo

25. DATE RECD. BY LOCAL REG. Dec 5 1962

26. REGISTRAR'S SIGNATURE Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was NOT embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Sigmund Spaeth

Licensed Embalmer No. 4013

P. O. Address Columbia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.